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**FACSIMILE TRANSMISSION**

DATE: July 12, 2004

**FROM:**

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**NUMBER OF PAGES (including this page):**

3

**EMAIL:** swebb@dsoblaw.com

**TO:**

Office of Initial Patent  
Examination's Filing Receipt  
Corrections

**TELEPHONE:**

**RE:**

Application No. 09/696,562  
Filed: 10/25/2000  
Art Unit 2626  
Docket No. 00CXT0006N

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**MESSAGE**

1. Transmittal (one page);
2. Red-lined copy of Filing receipt (one page).

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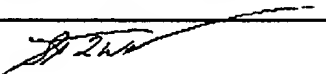
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<b>TRANSMITTAL FORM</b>  (to be used for all correspondence after initial filing)	Application Number	09/696,562; Confirmation No. 2706	
	Filing Date	10/25/2000	
	First Named Inventor	Vialle	
	Art Unit	2626	
	Examiner Name	Thomas J. Lett	
Total Number of Pages in This Submission	one	Attorney Docket Number	00CXT0006N

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form  <input type="checkbox"/> Fee Attached  <input type="checkbox"/> Amendment / Reply  <input type="checkbox"/> After Final  <input type="checkbox"/> Affidavits/declaration(s)  <input type="checkbox"/> Extension of Time Request  <input type="checkbox"/> Express Abandonment Request  <input type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority Document(s)  <input type="checkbox"/> Response to Missing Parts/Incomplete Application  <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s)  <input type="checkbox"/> Licensing-related Papers  <input type="checkbox"/> Petition  <input type="checkbox"/> Petition to Convert to a Provisional Application  <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address  <input type="checkbox"/> Terminal Disclaimer  <input type="checkbox"/> Request for Refund  <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Technology Center (TC)  <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences  <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)  <input type="checkbox"/> Proprietary Information  <input type="checkbox"/> Status Letter  <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):  Red-lined copy of Filing Receipt showing correction of Le Cannet, FRANCE
<b>Remarks</b>  It is believed that no fees are due in this matter. However, if it is determined that fees are due, the Commissioner is authorized to debit Deposit Account No. 502622 for the required fees.		

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Firm or Individual name	Steven L. Webb, Reg. 44,395
Signature	
Date	7/12/04

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APPLICATION NUMBER	FILING DATE	GRP ART UNIT	FIL FEE REC'D	ATTY. DOCKET NO	DRAWINGS	TOT CLAIMS	IND CLAIMS
09/696,562	10/25/2000	2622	826	00CXT0006N	3	22	4

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## FILING RECEIPT



\*0C000000005659558\*

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Receipt is acknowledged of this nonprovisional Patent Application. It will be considered in its order and you will be notified as to the results of the examination. Be sure to provide the U.S. APPLICATION NUMBER, FILING DATE, NAME OF APPLICANT, and TITLE OF INVENTION when inquiring about this application. Fees transmitted by check or draft are subject to collection. Please verify the accuracy of the data presented on this receipt. If an error is noted on this Filing Receipt, please write to the Office of Initial Patent Examination's Customer Service Center. Please provide a copy of this Filing Receipt with the changes noted thereon. If you received a "Notice to File Missing Parts" for this application, please submit any corrections to this Filing Receipt with your reply to the Notice. When the PTO processes the reply to the Notice, the PTO will generate another Filing Receipt incorporating the requested corrections (if appropriate).

## Applicant(s)

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Remy Gauguey, ~~Le Cannet~~, FRANCE;*Le Cannet*

Continuing Data as Claimed by Applicant

## Foreign Applications

If Required, Foreign Filing License Granted 01/05/2001

## Title

Packet length indication for a facsimile system

## Preliminary Class

358

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